



PLATFORM STATEMENT

January 2005

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INTRODUCTION

The purpose of this Platform Statement, developed by the California Conference of Local Health Officers (CCLHO), is to establish guiding principles and determine public health priority issues. It should also assist Health Officers to educate local and state policy and opinion makers on population based health needs and priorities.

CCLHO believes that all residents have a right to protection from avoidable health hazards, either naturally occurring or human made, unplanned or deliberate, that are beyond the control of the individual. Protection of the public, whether it is in the area of safety (i.e., police, fire or injury prevention) or threats to health, is a fundamental responsibility of state and local government. Only governmental public health is responsible for the provision of the Ten Essential Public Health Services (see page 2) as a whole, through oversight or direct service. A strong, well-funded and resourced public health system consisting of local, state and federal agencies, is crucial to protecting and promoting the public's health.

Public Health's mission is to create conditions in which people can be healthy. As an agent of the state and an institution of local government, local health departments must provide leadership in assuring a healthy community. This is accomplished by organized community efforts that assess needs, provide services and promote policies that protect and preserve health and well being. Public health agencies are responsible for demonstrating strong leadership for the promotion of social, economic and environmental conditions that improve health and well being and prevent disease and injury.

CCLHO, in its legally mandated advisory capacity, is committed to actively working with all others to formulate, clarify and strengthen public health in the coming decades. The Conference believes that effective public health policies are based on the following eight principles:

***Protection
of the public is
a fundamental
responsibility
of state
and local
government.***

■ **Public health services improve the health and wellness of communities.** Public health prevention services are organized community efforts initiated by local health departments in collaboration with the community. Public health services that identify and respond to disease outbreaks, environmental contamination, natural disasters and other emergencies as well as promote good health through health education activities and address the environmental, behavioral and social determinants of health that are of crucial importance to community health. The public health infrastructure must be maintained and strengthened to deal with the challenges of the future, including potential acts of bioterrorism.

■ **Core public health functions are those activities that lay the groundwork for healthful communities.** Public health services are population based and operate at the community level. A national consensus panel of health experts has identified the following Ten Essential Public Health Services that encompass the core responsibilities of public health:

- ◆ Monitor health status to identify community health problems
- ◆ Diagnose and investigate identified health problems and health hazards in the community
- ◆ Inform, educate and empower people about health issues
- ◆ Mobilize community partnerships to identify and solve health problems
- ◆ Develop policies and plans that support individual and community health efforts
- ◆ Enforce laws and regulations that protect health and ensure safety

Public health services are population based and operate at the community level.

- ◆ Link people to needed personal health services and assure the provision of health care when otherwise unavailable if sufficient resources exist to do so
- ◆ Assure a competent public health and personal health care workforce
- ◆ Assess effectiveness, accessibility and quality of personal and population-based health services
- ◆ Research for new insights and innovative solutions to health problems.

Public health practice is based on science.

■ **Public health is committed to the concept of prevention. It is an effective approach to averting disease, disability and premature death and improving the quality of life.** Primary prevention strategies lower the risk of illness and injury by preventing the development of risk factors (smoking, obesity), by eliminating risk factors (stop smoking, lose weight) or by mitigating the health effects of risk factors by modification or early disease detection to keep individuals healthier for longer periods of time. Secondary prevention treats disease early, when possible, to avoid more serious effects of illness. Tertiary prevention addresses those who are ill by preventing unnecessary complications and maintaining quality of life as long as possible. Good public health practice requires that all people within a community be included in public health measures and programs aimed at primary prevention. Efforts to identify causes of and reduce disparities between racial and ethnic groups must be enhanced.

■ **Public health is the critical population based practice in which the principal scientific base for defining problems, developing interventions and measuring results is epidemiology.** Public health practice is based on science in the development and evaluation of its programs and practice and is, to the extent possible, evidence-based.

- **Public health services must be provided by local government in collaboration with the private and public sectors, and the state and federal governments.** Without the cooperation of the entire community (employers, insurers, architects, health care providers, community planners, etc.), public health efforts will fall short of optimum public health goals. Services must be consistent with unique local circumstances while meeting minimum statewide standards. The organization of public health services at the State level must be compatible with and supportive of the delivery of services at the local level. The Department of Health Services should have adequate epidemiological, laboratory, electronic resources and staffing to coordinate population-based surveillance efforts; assist local jurisdictions with investigations and direct them when needed; spearhead disease prevention and health promotion efforts; promulgate statewide standards; promote professional training; conduct practical research to improve laboratory methods and community and behavioral interventions; and take the lead in planning for meeting future public health needs.
- **Public health should advocate for universal health care access for all.** The failure of access to health care accounts for approximately 10% of premature death in this country. Universal access to health care is a critical component in achieving optimal population health.
- **Local communicable disease control surveillance and reporting activities are the backbone of the State's communicable disease control efforts.** Without an effective local reporting and surveillance system, control of communicable diseases is not possible in California. CCLHO supports efforts to obtain adequate resources for every local health jurisdiction to monitor the health of their communities, including monitoring chronic diseases. Local health departments must respond quickly to disease outbreaks, both natural and intentional, assure that necessary interventions are implemented, communicate

The organization of public health services at the State level must be compatible with and supportive of the delivery of services at the local level.

effectively with the public and assist in the development and evaluation of prevention measures, research strategies and policy options.

■ **A philosophical underpinning of public health is social justice.**

The realm of population health is broad: income, employment, housing, transportation, education, physical environment, and social engagement are key factors that contribute to the well-being of all persons in society. Public health services and advocacy strive to reduce inequities in health status due to unequal access to health, educational and economic opportunities.

DESCRIPTION OF THE CALIFORNIA CONFERENCE OF LOCAL HEALTH OFFICERS

CCLHO is mandated by the California Health and Safety Code to advise State government on the organization and conduct of local health programs and services.

FUNCTIONS

- Advise and make recommendations to the State Department of Health Services, other departments, boards, commissions and officials of federal, State and local agencies, the Legislature and other organizations on rules, regulations and other matters affecting health. The chief medium of communication between the State and local governments on public health issues is the California Conference of Local Health Officers.
- Provide a forum for discussion of significant health issues in order to develop recommendations for appropriate health policy.
- Gather information and initiate or conduct studies on health problems and practices.
- Carry out statutory responsibility to advise the Director of the State Department of Health Services (Health and Safety Code Sections 100290, 100295, 100925 and 100950) on:
 - ◆ Standards for professional and technical personnel employed in local health departments and on the organization of local health departments.
 - ◆ All rules and regulations related to local health departments.
 - ◆ Other matters affecting health.
- Develop recommendations for legislative solutions to Statewide and local health problems.

CCLHO is mandated by the California Health and Safety Code to advise State government on the organization and conduct of local health programs and services.

Description of the California Conference of Local Health Officers

STRUCTURE

- Members include all legally appointed city and county Health Officers in California.
- The Conference meets semiannually, with representation from the affiliate organizations, the State Department of Health Services and other departments and agencies.
- The Conference elects a Board of Directors which meets monthly to take action on issues of immediate concern, including legislative and regulatory review, and implementation of policies developed by the Conference.
- The Conference appoints appropriate program committees for consideration of technical and policy issues and development of proposed CCLHO positions. The committees of the Conference are:
 - ◆ Chronic Disease Prevention and Maternal and Child Health
 - ◆ Communicable Disease Control and Prevention
 - ◆ Environmental Health
 - ◆ Health Information and Data
 - ◆ Public Health Practice
- The Conference has thirteen affiliated organizations which are composed of professional and managerial representatives from local health departments and other local organizations involved in community and public health. Affiliation is by mutual consent and constitutes a partnership dedicated to promoting public health and actively addressing public health issues. These organizations are:

Affiliation is by mutual consent and constitutes a partnership dedicated to promoting public health and actively addressing public health issues.

Description of the California Conference of Local Health Officers

- ◆ California Association of Communicable Disease Controllers (CACDC)
- ◆ California Association of Public Health Laboratory Directors (CAPHLD)
- ◆ California Conference for Local Health Data Managers (CCLHDM)
- ◆ California Conference of Directors of Environmental Health (CCDEH)
- ◆ California Conference of Directors of Health Education (CCDHE)
- ◆ California Conference of Local AIDS Directors (CCLAD)
- ◆ California Conference of Managers of Vector Abatement Districts (CCMVAD)
- ◆ California Conference of Local Health Department Nursing Directors (CCLHDND)
- ◆ California Conference of Local Health Department Nutritionists (CCLHDN)
- ◆ California Sexually Transmitted Disease Controllers Association (CSTDCA)
- ◆ California Tuberculosis Controllers Association (CTCA)
- ◆ Emergency Medical Services Administrators Association of California (EMSAAC)
- ◆ Maternal and Child Health Action Network (MCH Action)

Description of the California Conference of Local Health Officers

ROLE OF A LOCAL HEALTH OFFICER

In California, the local Health Officer is an official appointed by the local governing body to provide public health leadership for the entire community. S/he is responsible for assessing the community's health status and for medical and technical direction of the local government's mandated health protection functions. The Health Officer is expected to keep the governing body informed about all health issues that affect the jurisdiction, to act as a consultant to the governing body, and to provide advice and opinions on medical and public health policy issues.

- The Health Officer provides leadership in public health matters for the entire community. S/he is the visible medical authority who interacts with all segments of the community to lead in the development of public health policy and implementation of effective public health programs. In addition, the Health Officer has the experience and training to exercise authority in a public health emergency, including a bioterrorist event.
- The Health Officer is responsible for assessing and reporting on the health status of the community, using multiple epidemiologic, survey and statistical methods.
- The Health Officer is responsible for assuring the effectiveness of the mandated health protection functions of local government, including services related to communicable disease control, maternal and child health, emergency services and disaster preparedness, sudden infant death, family planning, public health laboratory services, environmental health, vital statistics, public health nursing, nutrition, and chronic diseases.
- The Health Officer may do what no other health practitioner can do — exercise police powers such as isolation and quarantine to prevent further spread of disease. S/he is charged with enforcing local health orders and ordinances, the orders and rules prescribed by the State Department of Health Services and the

The local Health Officer provides public health leadership for the entire community.

Description of the California Conference of Local Health Officers

statutes related to public health. The very nature of most public health law makes it imperative that an experienced public health physician carry out the duties. Many health laws are quite general and, therefore, require considerable medical expertise for sound interpretation and rational enforcement.

- The Health Officer is the local medical/public health authority and consultant to a variety of individuals and agencies such as physicians, hospitals, schools (primary, secondary and post-secondary), elected officials, jails, retirement boards and environmental health specialists, as well as the general public.

The sphere of public health concern is exceptionally broad; any factor which affects health status and can be influenced by public education or public policy is a legitimate concern of public health. Therefore, the Health Officer must evaluate health risks and communicate this information effectively in answer to community concerns as well as in proactive ways. S/he must be able to facilitate interaction of the complex mix of public agencies and community based organizations that impact public health and public policy.

The Health Officer must have a blend of medical, scientific, political, administrative, and personnel management skills. All of these attributes are important, but it is the physician's medical education and experience that provide the essential core of knowledge and professional credibility. To fulfill these mandates and trusts, the Health Officer must be a physician consistent with state law who has broad skills and knowledge including clinical medicine, public health (e.g., epidemiology, biostatistics, communicable disease control, environmental health, disaster and emergency response, maternal and child health, and chronic disease prevention), management/administration and effective communication skills. Above all, the Health Officer must have the personal attributes of integrity, honesty, and compassion.

The Health Officer may do what no other health practitioner can do — exercise police powers.

Description of the California Conference of Local Health Officers

In order for the Health Officer to effectively determine priorities and resource allocation for public health problems, s/he must be assured a high degree of control, or direct decision making influence, over the budget and activities of the local health department. If the Health Officer is also the director of the local health department, as is consistent with State regulations, this is usually assured. If the department is not under the direction of the Health Officer, the governing body must assure that the Health Officer has sufficient authority, time, and resources to perform the duties as required by State law, and must ensure that the organizational structure does not impede the Health Officer from carrying out those duties.

Although the role of Health Officer has changed over the years, the basic functions and responsibilities remain among the most important functions of local government. As local governments are responding to fiscal pressures and rapid social changes, efforts to reorganize health and human services are inevitable and necessary. The challenge is to create organizations that ensure the Health Officer's ability and authority to perform critical community advocacy, protection and public safety functions, and to provide important public health leadership. CCLHO will work to ensure that this challenge is met and that local Health Officers continue to make their unique and vital contributions in a variety of different organizational frameworks.

STRUCTURE OF THE PUBLIC HEALTH SYSTEM

ADMINIS- TRATIVE AND OTHER RELATED SERVICES

The United States Public Health system is a continuum of federal, state and local health agencies that work in concert to provide essential public health services. In California, the state public health system consists of multiple state agencies that provide technical support and assistance and administrative oversight to local health jurisdictions. Local health departments are the operational arm of the State in enforcing public health laws and implementing public health programs.

Local health departments are the operational arm of the State.

Role of the State

The State provides support services and technical assistance and works with local health departments to set standards for public health programs. The State Department of Health Services should provide leadership, policy direction and clear communication of general Statewide priorities for public health and should:

- Represent the interests and concerns of local health departments to federal agencies in order to coordinate national resources and support public health programs.
- Obtain and allocate funding in an equitable manner.
- Coordinate resources and assistance to other local public and non-profit agencies through the local health department.
- Collect, analyze and disseminate data needed for program management in a timely fashion.
- Enforce current State law relating to the authority and responsibility of local Health Officers and local health departments.
- Work with CCLHO to review and analyze state laws that pertain to the administration and implementation of public health services and programs.

Role of Local Public Health Agencies

Local public health departments and agencies are formal organizations established by law. They have a mandate to enforce laws to protect the public health and to operate core public health programs. Local health departments assume a leadership role in the development of such public health programs through their influence in national, state and local professional and community organizations. Local health departments shall:

- Determine the health needs and priorities of the population served and, using that information, effectively provide the Ten Essential Services (see page 2) of public health in partnership with communities.
- Implement and evaluate the effectiveness of public health programs.
- Coordinate resources with other public and non-profit agencies involved in health protection.
- Ensure that environmental health, managed care providers, hospitals, health care providers, and other programs carry out their mandates with public health oversight and are coordinated with other public health activities.
- Advocate for programs and policies that promote and protect the public's health.

RURAL COUNTIES' PUBLIC HEALTH SERVICES

There are multiple small rural counties in California whose resources and needs differ from urban/suburban populations. Effective planning and consideration must be given to the provision of public health services in these sparsely populated counties. Distinguishing characteristics that affect the provision of public health services are problems resulting from isolation and inadequate transportation, the lack of health care and public health professionals, and a high percentage of the population without health insurance. It should

Structure of the Public Health System

be recognized that economies of scale cannot be achieved in rural counties given seasonal variations in population and geographic isolation and, therefore, disproportionate resources may be necessary to provide adequate public health capabilities.

The State Department of Health Services should assure that rural counties are provided with all publicly supported public health services that are available to the other, more populated subdivisions of the State of California.

CCLHO encourages the development of regional approaches among small counties or together with larger counties to optimize resources. This may also apply to multiple aspects of planning in the recognition, evaluation and response to bioterrorist events and other public health emergencies.

PUBLIC HEALTH PROGRAMS AND SERVICES

Public health programs and services lay the groundwork for healthy communities.

CHRONIC DISEASE PREVENTION AND CONTROL

The leading causes of death, disability, and medical care expenditures in California are heart disease, cancer, lung disease and stroke. Other chronic diseases also contribute greatly to excess morbidity and mortality (cirrhosis of the liver, diabetes, arthritis and asthma). Each of these chronic diseases is, in large part, preventable, in terms of premature onset and/or limiting the severity of disease. This is done by focusing on shared risk factors such as smoking, obesity and lack of access to health care, including preventive services.

General Public Health Principles Related to Chronic Disease Control

- CCLHO supports effective prevention strategies which result in necessary community cultural changes, improvement in the physical environment and lifestyle changes in order to reduce the level of morbidity and mortality associated with chronic disease and to enhance quality of life throughout the lifespan. Efforts to increase physical activity, improve healthy eating, eliminate exposure to secondhand smoke, and reduce tobacco, alcohol and drug use are central to reducing the prevalence and severity of the major chronic diseases. In order to achieve significant change, these efforts must be addressed in communities in conjunction with local, state, and national program and policy efforts.
- In addition to mortality analysis, a solid data base including registries, such as for cancer, is necessary so that local health departments can plan and implement appropriate programs. Survey data from such measures as behavioral risk factor surveys, the National Health and Nutrition Examination Survey (NHANES), and the California Health Interview Survey (CHIS) are important contributors to this database. These need to be designed so that they are useful at the local level. As chronic disease is the major cause of morbidity, CCLHO supports expanded chronic disease reporting to local Health Officers and the Department of Health Services.

CCLHO supports expanded chronic disease reporting to local Health Officers and the Department of Health Services.

- Access to primary preventive screening such as cholesterol checks or pap smears and access to care to address abnormal findings needs to be readily available to all people. In order to increase coverage, targeted outreach should be promoted to vulnerable and underserved populations.
- CCLHO supports institutional and societal changes recognizing that effecting genuine improvements in health involves addressing such factors as poverty, racism, the lack of education and work opportunities, perceptions of safety and self-empowerment as well as creating more healthy communities through environmental protections such as establishing smoke-free environments, zoning and permitting changes, and creating more walkable and livable communities.

Risk-Specific Issues Related to the Control of Chronic Diseases

- **Tobacco use** is the greatest single cause found to date of preventable illness and premature death. Therefore, the Conference strongly endorses the call for a smoke free society and supports all measures to protect our youth from becoming addicted and protect all people from second-hand smoke. The Conference urges health departments to work with volunteer and community groups and law enforcement agencies to promote and enforce the prohibition against smoking in the workplace and in public places, to vigorously enforce the prohibition of sales of tobacco products to young persons under 18, to support local tobacco retail licensing with license fees earmarked for enforcement of tobacco sales to minors laws and to counter the effects of tobacco product advertising through education and uncompromising tobacco control activities. CCLHO supports the prohibition of tobacco marketing and advertising and supports increased taxes on all tobacco products with an allocation of tobacco taxes for tobacco cessation and control activities and other prevention activities that address the leading causes of death. CCLHO opposes the federal preemption of state and local statutes and supports an adequately

funded Food and Drug Administration authority over the manufacture, sale and labeling of tobacco products. CCLHO also supports Proposition 99 Tobacco Control efforts that have demonstrated the effectiveness of media campaigns when combined with local community-based efforts. Expenditure of dollars from the Tobacco Settlement should be focused primarily on prevention and control of tobacco and other health related programs and not medical treatment.

- **Poor nutrition and physical inactivity** leading to obesity, overweight, diabetes, and cardiovascular disease, are rapidly becoming the leading causes of preventable disease in the US. The Conference urges health departments to work with appropriate community groups and health care providers to promote healthy eating and physical activity to prevent premature chronic disease. Important approaches are addressing social norms, institutional practices, appropriate marketing, policy development and altering the physical environment in ways that support access to and promotion of healthy food and physical activity. CCLHO urges provision of healthy food choices in all pre-schools, daycares, K-12 schools, colleges and universities. Specifically, CCLHO supports a requirement that school meal programs follow U.S. dietary guidelines and offer easily available and affordable healthy choices for all foods served and sold on campus. In addition, the Conference supports increased daily physical activity requirements in all pre-schools, daycares, K-12 schools and institutions of higher education. After school and after work athletic and recreational opportunities should be enhanced for all, including community planning to facilitate walking and access to exercise opportunities. In addition, parents should be supported to limit video game time and television watching for children in favor of physical activity.

Poor nutrition and physical inactivity is rapidly becoming the leading cause of preventable disease in the US.

- **Alcohol abuse** remains a significant preventable cause of death, disability and social disruption in the United States today. The Conference supports efforts aimed at reducing the overall consumption of alcohol in California and the excessive consumption of alcohol by individuals. The Conference endorses campaigns to reduce drinking and driving, to reduce excess drinking among college age youth, and alcohol consumption by pregnant women. The costs and health consequences of excessive consumption should be addressed. Increased taxes on alcohol should be instituted with funds dedicated to alcohol abuse education, prevention and treatment.

Alcohol abuse remains a significant preventable cause of death.

- **The abuse of controlled substances** (e.g. cocaine, heroin, amphetamines) causes death, disability and social disruption. The Conference supports efforts that reduce or eliminate abuse of controlled substances and other drugs. The Conference also supports the development of appropriate and affordable treatment facilities and programs accessible to all regardless of ability to pay. The decriminalization of minor drug possession in conjunction with alternative drug treatments should be examined. The Conference supports alcohol and drug abuse treatment coverage by health insurance in parity with other healthcare coverage.
- **The consequences of poverty** that result in chronic disease and disability are at the heart of many public health problems. An important part of the work of local health departments is to address poverty directly by partnering with other public and private community agencies to improve education and economic opportunities.
- The Conference urges local health departments to work with appropriate business and industry leaders, employee associations and health care providers to encourage adoption of healthier work environments.

**Disease
Specific
Issues
Related to
the Control
of Chronic
Diseases**

The Conference supports continued investigation, funding and involvement by the State with local jurisdictions in the further understanding of the epidemiology and prevention of important chronic diseases such as atherosclerotic cardiovascular diseases, cancer, asthma and diabetes mellitus. The Conference strongly encourages the use of surveillance, evaluation, research and local needs assessment data to drive development of chronic disease public health policies, programs, and services

- **Cardiovascular Disease:** Atherosclerotic cardiovascular disease (CVD) is responsible for more deaths in California than any other single cause. The Conference supports continued state and local health jurisdiction involvement in prevention and education efforts to reduce the morbidity and mortality of CVD.
- **Cancer:** The network of regional cancer registries working with the statewide registry provides necessary information on the incidence and distribution of cancer. These registries can provide needed information on cancer prevention and treatment modalities as well as assist in analyses of cancer screening efficacy. The registries must be adequately funded to perform these tasks.

The Conference urges local health jurisdictions to work with cancer registries and the State Department of Health Services to respond to and investigate reports of cancer clusters and evaluate data relevant to environmental issues of concern.

- **Asthma:** Asthma incidence, morbidity and mortality is increasing in California. The Conference supports known asthma prevention strategies of reducing air pollution and environmental tobacco smoke exposure. Continuing epidemiologic and environmental research is important to the development of other prevention strategies.

Research has shown that asthma care management systems that include case management, integrated databases and education of providers and care givers reduce hospitalization and mortality from asthma. Access to these comprehensive services should be part of an available system of care.

- **Diabetes Mellitus:** The increase in obesity rates is leading to an epidemic of diabetes mellitus in both children and adults. The Conference supports prevention efforts to increase physical activity and healthy nutrition in schools and communities. Similar to the medical treatment of asthma, comprehensive care management systems can significantly reduce the morbidity and mortality of diabetes and must be part of an available system of care.

COMMUNICABLE DISEASE CONTROL AND PREVENTION

Communicable diseases are the fourth leading cause of death in the United States and the leading cause of death worldwide. Emerging infectious diseases such as SARS (Severe Acute Respiratory Syndrome), Avian Influenza, West Nile Virus and Hantavirus join a growing list of potential threats. Diseases such as influenza, hepatitis C, and HIV and conditions such as the development of antibiotic resistance are a continuing threat as are resurging diseases such as Tuberculosis. There are also increasing concerns with food safety due to the globalization of the food supply and changes in production. Added to these threats is the reality of bioterrorism and the necessity to recognize and respond to cases or outbreaks of unusual diseases such as smallpox, plague, anthrax or botulism. Each of these threats intensifies the critical need for a strong and effective public health infrastructure.

Control of infectious diseases is a fundamental activity of public health requiring close coordination between public and private health care providers and health officials at the local, state and federal levels. The local Health Officer has a key role in directing the monitoring, evaluation and response to infectious disease, including preparedness for potential bioterrorism.

Communicable diseases are the fourth leading cause of death in the United States and the leading cause of death worldwide.

**General
Public
Health
Principles
Related to
Communicable
Disease
Control**

- A cornerstone of the public health control of infectious diseases is **appropriate and timely reporting by medical professionals and laboratories to local public health**. Early reporting of an infectious disease by astute physicians has led to critical public health investigations and control of outbreaks and emerging infectious diseases. However, CCLHO is concerned about the decrease in laboratory diagnoses of multiple communicable diseases caused by the disincentives built into capitated or otherwise “managed” payment systems. This trend towards empiric treatment without laboratory confirmation eliminates the accurate diagnosis of etiology of disease, results in the misrepresentation of disease in the population, and ultimately will cause disease rates to rise because effective control measures cannot be instituted.
- Control of communicable disease is based on **epidemiology**, including surveillance. Outbreak investigations and appropriate follow up should be available in every county. Epidemiologic services include the analysis of the distribution of disease in the general population for use in guiding control efforts and in evaluating program effectiveness. This should take place at the federal, state and local levels.
- **Public health laboratory services** are an integral part of communicable disease control and are vital for communicable disease diagnosis and treatment, assessing potential environmental threats, following up on cases and carriers of disease, monitoring the effectiveness of vaccines and the need for changes in vaccines.
- **Health education services** using culturally and linguistically appropriate materials are critical to infectious disease control activities and are supported as an essential public health activity by the Conference.

Emerging infectious diseases such as SARS (Severe Acute Respiratory Syndrome), Avian Influenza, West Nile Virus and Hantavirus join a growing list of potential threats.

- The control of communicable diseases is in society's best interest and should not be dependent upon citizenship or an individual's ability to pay for services.
- Recognizing that communicable diseases are not confined by geopolitical boundaries, **legal immigration status or residence** must not be considered in the evaluation and treatment of patients and the investigation, education and treatment of their contacts who are in need of services.
- There should be **regulatory oversight** and enforcement capability to control communicable disease sources in all areas where food is prepared such as in restaurants, schools, day care facilities, congregate living facilities, and recreational facilities and in all water sources. There must be close cooperation at the state and local level between environmental health services and communicable disease control programs.

Special Issues Related to the Control of Communicable Diseases

Disease control activities are designed to prevent and control cases and outbreaks of diseases. Communicable diseases are kept in control only by continuing vigilance that requires effort even though the perceived threat may not be apparent.

Recognizing the unique epidemiologic and ecologic issues affecting disease transmission in California, the State Department of Health Services should work with the members of the Conference and its Affiliate organizations to develop general policies and capabilities as well as disease specific guidelines for surveillance and control of communicable disease in California.

Communicable diseases are kept in control only by continuing vigilance that requires effort even though the perceived threat may not be apparent.

**Vaccine
Preventable
Diseases**

Immunization programs must be based on professional knowledge and assessments at all levels of government. The remarkable successes of immunization efforts in eradicating disease must not be sacrificed to the unfounded concerns of a vocal minority.

These remarkable successes are threatened by the increasingly fragile structure of vaccine manufacture and distribution in the United States. The provision of vaccines is essential to the health of our children and elderly and must not be compromised by free market considerations. CCLHO supports a change in national policy that assures the appropriate development, production and distribution of vaccines necessary to protect the public's health.

- Optimal immunization levels for all vaccine preventable diseases must be aggressively pursued through immunization programs that are assured of continued, adequate funding for vaccine purchase, delivery, outreach, and education, especially for high-risk populations.
- Strategies for accomplishing this should be pursued through universal infant immunization, required school entrance and advancement immunizations, and a continued focus on immunization of high-risk groups.
- Immunization registries are vital to ensure timely and up-to-date vaccinations. The Conference supports development of county and statewide Internet-based immunization registries with appropriate restrictions to maintain confidentiality.
- Recommended immunization for control of diseases in adults should be part of all comprehensive programs.

Immunization or the mass distribution of antibiotics or other health care elements is increasingly recognized as part of the essential capacity needed for response to potential bioterrorism or other public health threats. Immunization programs must have resources, staff training and leadership to make their role in such occurrences effective.

Sexually Transmitted Diseases (STDs)

After years of decline, the recent statewide increases in gonorrhea and syphilis rates offer a challenge to intensify control efforts in those populations still at risk.

Chlamydia is the most prevalent reported communicable disease and, following the use of more sensitive improved urine-based screening tests, more infections are being identified. Ongoing efforts to educate both the medical and lay population on screening recommendations are important to decrease the serious effects of this disease. Chlamydia infection among women can be severe and screening has been shown to be a cost effective approach to reduce complications such as infertility and pelvic inflammatory disease (PID).

The emergence of new technologies for testing and surveillance of human papilloma virus (HPV) has clarified the importance of HPV in the pathogenesis of cervical cancer. Public health screening and the development of a vaccine against HPV should play an important role in the control of this important sexually transmitted disease.

Other STDs play a major role in facilitating HIV transmission (increasing risk 2-10 fold) and thus, the control of other STDs can decrease HIV transmission. It is recommended that STD screening and control activities be explicitly incorporated into HIV prevention plans and that STD Control and HIV/AIDS programs at both state and local health departments work closely together in their control efforts.

Hepatitis B is a vaccine-preventable STD. Most acute Hepatitis B infections occur among young adults. Hepatitis B vaccine programs should target the young adults missed by the Hepatitis B school aged vaccine requirements.

Good STD control is dependent on the following factors:

- Every local health department must have a clinical and educational as well as an epidemiological program for the prevention, detection, diagnosis, treatment, and follow up of sexually transmitted diseases with attention to minimizing financial and other barriers.
- Existing laws mandating STD education in schools must be enforced. To reduce adolescent births and STDs, in-depth, comprehensive, age-appropriate education on sexuality should be provided in every school beginning in 4th grade or earlier. Local health departments should be available to encourage and facilitate this and provide local data and resources. Reliance on abstinence only sexuality education approaches is harmful, ineffective, and a misappropriation of scarce resources. Abstinence only curricula should not be supported in this state.
- Reporting of STDs should be encouraged by developing feedback which demonstrates the value of public health involvement in such cases.
- The control of HIV infection represents the greatest challenge to communicable disease control activities. Activities to control HIV infection must be integrated with efforts to control other STDs and blood borne pathogens. An important means to prevent the spread of HIV disease is education of the public, with particular attention to those engaging in high-risk activities. More emphasis is needed on HIV prevention education for persons infected with HIV. All levels of government must be involved in this effort as well as educational institutions (including those preparing future health professionals), private organizations (foundations, CBOs) and others (faith-based organizations).

Reliance on abstinence only sexuality education approaches is harmful, ineffective, and a misappropriation of scarce resources.

**Human
Immuno-
deficiency
Virus (HIV)
Infection**

- High priority must be given to the development of effective treatment modalities and a vaccine. Disincentives impeding the development, implementation and evaluation of these advances must be removed.
- The Conference will assist in the development of policy or law and in the removal of existing legal barriers to the application of typical epidemiologic and surveillance principles, such as names reporting, to the epidemic response effort. Effective surveillance of HIV infection is critical to plan for the efficient use of resources.
- Programs must be supported which reduce or halt the transmission of HIV among intravenous drug users.
- The Conference supports the availability of needles/syringes at pharmacies without a prescription and supports local implementation of properly designed and evaluated syringe exchange programs which offer sterile syringes as part of comprehensive outreach, education, counseling and behavior modification programs.
- The Conference supports confidential reporting of positive HIV results to the local Health Officer for purposes of disease surveillance and partner notification when such reporting is tied to:
 - ◆ effective anti-discrimination laws and policies in place to protect HIV- infected individuals,
 - ◆ the continued and widespread availability of confidential testing,
 - ◆ the availability of clinical evaluation, treatment and prevention services.
 - ◆ effective protection of the patient's right to confidentiality.

- HIV testing and pre-/post-test counseling, in both anonymous and confidential testing programs, must continue to be readily available and free to the public in all local health jurisdictions. Increasing use of confidential testing is to be encouraged.
- The number of HIV/AIDS cases has decreased because of successful multi-level prevention strategies; however, we are beginning to see “prevention message” fatigue in certain communities. To continue to stem HIV/AIDS infection, prevention messages must be constantly evaluated and improved.
- Post-exposure prophylaxis for sexual and needle exposure to HIV should continue to be evaluated and applied more widely, as appropriate.

Tuberculosis Control

From the peak of the recent resurgence of TB in 1992, TB cases reported from California decreased for eight consecutive years through 2000. During the last three years, however, the decline has halted. This has had a large price tag, in dollars and in human lives.

In 2003, the number of new TB cases rose in California, while they continued to decline nationally. California continues to report the most TB cases of any state, and the most multidrug-resistant TB (MDR-TB) cases of any state.

As an airborne infectious disease, TB knows no borders. Three-quarters of the state's cases are in persons born outside the US. Because of inadequate treatment in many areas of the world, these TB patients are more likely to develop and spread drug-resistant strains of TB.

Since 1997, inflation has reduced the impact of local assistance funding from CDHS by 17%, and significant performance gaps persist. There are insufficient resources for comprehensive contact investigation, detecting, and treating persons with latent TB infection to prevent the progression to active TB disease.

***In 2003, the
number of new
TB cases rose in
California.***

- CCLHO will work to educate key national legislators on the importance of increasing the federal TB appropriation, and to ensure that California receives its fair share of federal funding. (Currently California reports 22% of the nation's cases but receives only 18% of the funds.)
- CCLHO will work to safeguard state TB funding so that all counties can establish and maintain a minimum infrastructure needed for TB control which will include clinical, educational, epidemiology, contact investigation and treatment services.
- Local Health Officers will ensure that local TB control practices are consistent with the Joint Guidelines of the California Department of Health Services (CDHS) and the California TB Controllers Association (CTCA), the TB affiliate of CCLHO. These guidelines include:
 - ◆ Use of directly observed therapy (DOT) in treatment of TB disease and, whenever possible, in treatment of TB infection in high-risk persons;
 - ◆ Offering HIV counseling and testing to patients with TB;
 - ◆ Ensuring continuity of care for TB patients who are discharged from or transferred between institutions (such as hospitals, prisons or jails), and those who move to other counties or states, or to and from Mexico (via the Cure-TB referral program).
- CCLHO recognizes the identification and treatment of latent TB infection (LTBI) as an important step in moving toward TB elimination. Targeted screening of high-risk groups is important for finding persons with latent TB infection and offering appropriate treatment.

- CCLHO supports increasing Medi-Cal reimbursement for TB control, and will advocate to address gaps in Medi-Cal coverage for undocumented persons, especially those with multidrug-resistant TB.
- CCLHO supports action to improve the prevention effectiveness of overseas screening and domestic follow up of persons newly arriving to the US from high incidence countries.
- CCLHO supports and is committed to participation in the ongoing efforts of the California Tuberculosis Elimination Advisory Committee (CTEAC) of the California Department of Health Services, including support for the development and implementation of statewide plans for TB program evaluation through the Tuberculosis Indicators Project (TIP); and TB training, in partnership with CTCA and the Francis J. Curry National Tuberculosis Center.

Hepatitis C Hepatitis C is an emerging infection whose impact as a human pathogen is still unknown. In the United States, it is hyperendemic in subpopulations (e.g., injection drug users). CCLHO supports the California Hepatitis C Strategic Plan published in 2001 with the goals of improving prevention, education, and training of health care professionals and the public; expanded surveillance and research; and effective medical management and rehabilitation.

Bioterrorism

Biological terrorism against civilian populations is now a reality in the United States with the demonstrated capacity to disrupt the provision of essential services to the public. The fundamental basis for the response to bioterrorism is public health communicable disease control. The same systems that monitor, detect, evaluate, respond, and treat naturally occurring communicable diseases are those that would respond to an intentional threat of bioterrorism. In order to protect the citizenry, public health systems must be well-resourced, well-trained, and fully operational whether the threat is natural or intentional. It is recommended that the funding that improves response to bioterrorism and other public health emergencies should also be applied to the improvement of consistent monitoring and control of communicable diseases because of the inseparable connection between these functions.

The fundamental framework for the response to bioterrorism is public health communicable disease control.

PUBLIC HEALTH LABORATORY SERVICES

Public Health Laboratory Services are essential to perform the core functions of public health. These include disease surveillance, diagnosis of new and recurring infectious and zoonotic diseases, environmental and vector testing, toxicology, and monitoring the safety of drinking water, recreational water and food supplies. Public Health Laboratories serve as reference laboratories for private, commercial laboratories in their respective service areas. The laboratory response to bioterrorism surveillance programs such as Biowatch and Biosense is the responsibility of the public health Laboratory Response Network. It is this Network that would also respond to any bioterrorism threats or public health emergencies.

The current public health laboratory infrastructure must be strengthened in order to carry out its responsibilities. These responsibilities include such essential activities as training, cooperative methodological development, surveillance projects, and referral practices, as well as direct bioanalytical support for health department programs.

Laboratory resources are critical in the recognition and evaluation of possible bioterrorist threat agents and other public health emergencies. Plans to provide laboratory support for these functions at the state

and local levels should be coordinated with and responsive to the role of state and local public health officials. Public health laboratories must have stable funding for core public health functions to assist in the diagnosis, control and prevention of illnesses/conditions of public health concern. Funding must also be sufficient to assure surge capacity to respond to emerging infectious diseases, bioterrorism and other public health threats and emergencies.

***Public Health
Laboratory
Services are
essential to
perform the core
functions of
public health.***

- It is essential that all health departments have available the services of an approved public health laboratory employing Public Health Microbiologist certified personnel. The state and local public health laboratories should work with the Department of Health Services, local Health Officers, state licensing organizations, and educational institutions to ensure that an adequate number of qualified Public Health Microbiologists and Public Health Laboratory Directors exist.
- An advisory committee comprised of state and local public health laboratory directors should be established to serve as a coordinating entity for an integrated network providing comprehensive and uniform laboratory capacity throughout the State. The committee should facilitate development of standardized training, real-time interactive communication systems, coordinated statewide planning, and regulatory development and review.

**COMMUNITY
AND
PUBLIC
HEALTH
INFORMA-
TION
AND
STATISTICS**

One of the core responsibilities of public health is to collect and analyze data for health outcomes and disseminate that information to the public. Public health information provides the basis for understanding community health needs and problems. Epidemiology and data analyses are essential for identifying health problems, planning, implementing, and evaluating public health interventions, and targeting program services to populations at risk. The availability of timely, reliable and valid information is fundamental to the effective and efficient operation of local health departments. Population-based public health data should be available at a relevant geographic level.

Community health data sources include vital statistics (deaths, fetal deaths and births), population demographics, disease surveillance and reporting, health interview surveys, service utilization records, behavioral data, enforcement/compliance data, and administrative/management data.

Automated health information systems should be an integral part of all such agencies. The continued development of automated health information systems is essential to the support and further development of the public health infrastructure. Integration of information systems, including standardization of data sets, resolution of confidentiality issues, and assurance of technological capacity development should be actively addressed with state and federal representatives. Linkage of public health information systems with other agencies, including education, welfare, criminal justice, mental health, and medical provider organizations will improve the community health assessment capability of local health departments and must continue to be accomplished in ways that do not violate concerns or legal efforts to assure confidentiality.

CCLHO recommends appropriate levels of funding for federal, state and local public health information and analytical capacity. CCLHO supports secure information exchange and policy discussions, including GIS mapping capability for assessing and managing appropriate issues, use of video (and audio) conferences as an adjunct to (not a replacement for) statewide meetings.

Local health jurisdictions and the Department of Health Services must embrace a common vision for, and collectively commit to, migrating toward integrated state and local public health information systems in California. CCLHO recommends that, in order to build this common vision and the commitment necessary within both DHS and local public health agencies to effectively improve the State's public health surveillance and information, DHS should establish a Public Health Data Policy Council that reports directly to the State Health Officer.

The availability of timely, reliable and valid information is fundamental to the effective and efficient operation of local health departments.

Population-based public health data should be available at a relevant geographic level.

**DENTAL
HEALTH
SERVICES**

A majority of the population is affected by preventable dental disease, which includes dental caries and periodontal disease. The implementation of proven preventive measures could save Californians hundreds of millions of dollars annually that are now spent on treatment.

Dental disease represents the most prevalent health problem of children. Consequently, State and local health departments should support and promote the development of preventive dental programs as integral components of maternal, child, and adolescent health programs. These programs should include access to cleaning, water fluoridation, dental sealants, and referral to dental care. The State-funded Children's Dental Disease Prevention Program (SB 111) must be adequately funded to serve all high-risk children. The Conference supports epidemiologic assessment of the state of oral health in the population on a periodic basis.

Community water fluoridation is the safest, most cost effective and most equitable public health measure available for the prevention of dental caries. It should represent the highest priority dental objective of every community. Approximately 30% of California's water is fluoridated. State and local health departments should work together to promote the fluoridation of community water supplies and adequate monitoring of fluoride levels. CCLHO continues to support additional legislation and funding that can remove practical barriers to community water fluoridation.

**DISASTER
PREPARED-
NESS**

The local Health Officer assumes the critical role in preparing for and responding to local medical and health emergencies and disasters. Areas of responsibility may include communicable disease surveillance and control, safety of food and water and the environment, risk communication, and occupational health and safety. The Health Officer should also ensure an active role in coordination of casualty treatment, shelter, medical evacuation, and provision of emergency medical supplies, personnel and other resources.

The local Health Officer assumes the critical role in preparing for and responding to local medical and health emergencies and disasters.

Among all possible disaster responses, bioterrorism and other public health emergencies require special mention. The funding of infrastructure improvement of state and local public health agencies offers a unique opportunity to benefit disease surveillance and control and to recognize and respond to events of major public health significance.

CCLHO supports legislation to clarify and expand the role of the local Health Officer in recognizing, evaluating, and leading the response to a bioterrorism event or other public health emergency. This includes the need to direct the action of law enforcement, EMS personnel/agencies, and other public safety personnel in controlling the movement of possibly exposed or infected persons and the completion of isolation or quarantine proceedings.

A key element of recognition, evaluation and response to a bioterrorism event or other public health emergency is the development and refinement of appropriate plans, including exercises to test those plans. Health Officers, after convening local advisory groups from all affected elements of the community, should play a key role in developing plans and budgets for recognizing, evaluating, and responding to bioterrorism events and other public health emergencies, including the possible need to declare a local public health emergency in response to natural or other disease occurrence. Each local jurisdiction should clarify the Health Officer's role in such circumstances and declarations, however the state has a compelling interest in assuring a standard and uniform response capacity.

CCLHO supports the development of collaborative work technologies and redundant communications, such as "Project Collaboration" and California Health Alert Network (CAHAN), to be used during emergency situations as well as during regular operations.

Local health departments should:

- Ensure necessary review and update of public health and medical components of local disaster response plans including compliance and coordination with state laws. They should also assure that local plans include risk assessment, especially of those issues with environmental health concerns.
- Evaluate hazards and advocate for nonstructural hazard mitigation.
- Ensure the development and use of effective public education campaigns and information regarding personal preparedness, disaster response, first aid, and self help.
- Work with other local, state, and federal agencies to ensure proper communication channels are established to enable adequate response to emergencies.
- Be involved in planning for all stages of disaster preparedness, i.e., preventing, mitigating, initial response, and recovery including local drills, training and exercises, and specific tools for educating medical and health program staff in disaster preparedness.
- Actively support the activities of the Regional Disaster Medical/Health Coordinators (RDMHC) and the regional medical specialist staff in the development of regional plans and cooperative agreements.
- Ensure an understanding of the Health Officer responsibility and authority in actively managing the medical and health response to a disaster through implementation of the Standardized Emergency Management System (SEMS), National Incident Management System (NIMS) and the Incident Command System (ICS), including training for all field emergency responders.
- Ensure the coordination of timely preparation of accurate public communications on the nature and health and safety implications of any emergency or disaster.

- Support the development of data systems that would facilitate access to information on workplaces that store or use hazardous materials.

**EMERGENCY
MEDICAL
SERVICES
(EMS)**

Organized, coordinated EMS systems with a central authority at the county, regional or state level are necessary. The State must play a lead role in forming EMS policy, promoting the development of organized systems, and assuring on-going funding for the support of these systems. The Conference supports legislation which would clarify the central authority as being vested in the local Health Officer at the local level.

**ENVIRONMENTAL
HEALTH**

Environmental health services exist to enhance and maintain physical, mental, and social well being through environmental protection. There must be a strong, integrated State/ local environmental health partnership effort in California with the goal of providing a safe and healthful environment by reducing environmental threats and hazards. Ensuring the public's protection from environmental threats to health is a core public health activity and is best accomplished at the local level when formal Environmental Health and other Public Health Services are in a single organizational unit. In local jurisdictions in which formal Environmental Health Services are in a separate organizational unit, formal policies and procedures for coordinated efforts to identify, mitigate, and prevent environmental hazards between Environmental Health and Public Health must be developed and implemented.

Where health risk management is carried out by State agencies with environmental responsibilities, there should be formal consultation with local Health Officers and formal interagency agreements between State agencies to minimize program overlaps. For local environmental and public health programs, state departments and agencies should develop program standards and training programs, provide technical assistance and consultation, carry out research, provide funding, and general leadership.

Ensuring the public's protection from environmental threats to health is a core public health activity.

Fees should either be structured to support the full range of public health activities necessary to identify, mitigate, and prevent environmental health hazards and threats or should be supplemented appropriately to ensure adequate resources to accomplish this full range.

Air Quality

- Efforts to determine and track the health and environmental impacts of air pollution should be continued and enhanced. This is of particular concern in the case of toxic materials. These impacts should be the basis for priority setting, risk management, and enforcement.
- Air quality control efforts must be integrated with land use planning, solid and liquid waste disposal, transportation, energy production, and other possible environmental impacts.
- The adverse impact of indoor air pollution including fungi, molds, mildew, volatile organic compounds, and particulate matter is becoming an increasing public health concern, particularly with efforts to conserve indoor heating energy. Indoor air quality should be considered in building design, modification, construction and housing programs, and in ongoing maintenance and operations.
- Since secondary tobacco smoke exposures have demonstrated adverse health effects, Health Officers should promote a smoke free environment in all public and private places.
- Research should be conducted on the link between cardiovascular diseases and other diseases and air pollution. High levels of air pollution have been documented to increase asthma attacks as well as cardiovascular mortality rates.
- CCLHO supports involvement in tracking of air hazards and pollutants through the Environmental Health Tracking Initiative, biomonitoring, and other efforts.

Environmental Risk Assessment, Management and Monitoring

- There is increasing need to evaluate the health risk for any given chemical exposure, or combination of exposures in the environment. Technological advances have made biomonitoring of the burden of toxic chemicals in the human population possible. CCLHO supports biomonitoring and the use of new technology to advance the science and knowledge of environmental risk assessment and supports coordination at all levels of government in these efforts.
- A coordinated response mechanism is needed for environmental contamination response since multiple environmental mediums (air, water, soil, food, etc.) may be involved in a release event or cleanup.
- The role of birth defects registries, chronic disease registries and mortality data analysis in environmental hazard evaluation should be recognized. Local and State data and expertise in these areas should be enhanced.

CCLHO supports biomonitoring.

- CCLHO supports the clear separation between risk-assessment activities and risk-management activities. The state must provide leadership in assessment of environmental risks. The Public Health model of epidemiologic investigation, risk assessment, necessary mitigation, and health education to prevent future episodes is particularly suited to bring about an orderly development of programs to address a variety of emerging environmental problems. A few of these problems include acute or chronic toxic exposures of individuals or groups, the human health aspects of environmental impact reports, and potential undue concern arising from fear of environmental toxins.

CCLHO supports the clear separation between risk-assessment activities and risk-management activities.

Food and Consumer Protection

- Food protection activities should be consolidated in public health agencies at federal, state and local levels. Until this is achieved, agencies involved in food protection should cooperate in the development of a master plan to provide for adequate technical

support and coordination for local retail food programs, effective evaluation of hazards, provide for cooperative decision making, and avoid unnecessary overlapping, duplication, and gaps in services. The Department of Health Services should take the lead role in this effort and should work closely with local health jurisdictions.

- The California Retail Food Code should be adopted by California to replace the California Uniform Retail Food Facilities Law.
- Consumer protection should include uniform standards for food transportation, labeling for freshness and nutritional content, listing of all (including non-nutritive) ingredients, certification and periodic recertification of food industry workers, and Hazard Analysis Critical Control Point (HACCP) based enforcement of regulations. In addition, recognizing the inherent dangers with certain food items such as milk, eggs, poultry, and other meat products, there should be closer collaboration with the State Department of Agriculture on the necessary research, education of consumers and industry, and regulation related to these products. CCLHO supports the Centers for Disease Control and Prevention's Food Safety Initiative.
- CCLHO supports the principle of increased responsibility for managers of food services to report to and coordinate with the local health authorities, including environmental health and the Health Officer.
- Inspection and permitting of food preparation and serving facilities in schools and day care facilities, and all congregate living facilities should be required with appropriate funding.

Hazardous Materials and Hazardous Waste Management

- Hazardous material management is a public health concern. This responsibility should be coordinated at all levels of government. Coordination should include formal planning, training programs, sufficient resources, and regular exercises such that “hazardous materials emergencies” can be handled in a timely, safe and effective manner.
- A coordinated hazardous materials data system should be developed to serve the needs of government agencies having hazardous materials responsibilities.
- Generators of hazardous wastes and users of hazardous materials should be encouraged to use alternative materials that will result in less hazardous waste production when feasible. They should also be encouraged to treat and reduce waste volume and use final disposal methods that largely avoid landfills.
- Underground storage tanks storing hazardous materials should receive diligent oversight, and releases should be mitigated in a manner that protects public health.

Land Use

- Environmental health must be included in the development and review of general land use plans, community plans, and standards/regulations. Health Officers and environmental health professionals should take an increased role in community planning and architectural design to enhance the role of the built environment in enabling people to maintain healthy activities and behavior. Land use should be expanded to include methods to enhance the health of communities such as creating more walkable communities and limiting the density of tobacco, alcohol, and fast food outlets in a community.
- Plans should be reviewed for their compatibility with environmental health principles and State and local requirements. Elements of review should include potable water supply, sewage

Health Officers and environmental health professionals should take an increasing role in community planning and architectural design to enhance the role of the built environment in enabling people to maintain healthy activities and behavior.

disposal, solid and infectious waste disposal, food handling, community noise impact, vector control, toxic materials, recreational health, air pollution, and other public health problems that may become recognized.

Liquid Waste

- Adequate control of liquid wastes remains a cornerstone of environmental health protection for the community. Not only must liquid waste be kept from direct contact with humans or animals, it must not reach subsurface waters in an untreated form which can pollute potable waters.
- Agencies involved in community liquid waste disposal should be guided by a comprehensive master plan dealing with overlapping jurisdictions, duplication, and gaps in necessary services.
- Water reclamation standards and use should be under the jurisdiction of the Department of Health Services. Reclaimed water should not be used directly for potable purposes until or unless appropriate standards, technology, and safeguards exist.
- Reduction of waste water production and alternative methods of disposal should be addressed in the review of proposed sewage projects.
- The Department of Health Services and/or the Water Resources Control Board should take the initiative in developing minimum statewide standards for on-site sewage disposal.
- State and federal agencies must provide standards and “best practices” for safe disposal options for biosolids/sewage sludge.

Recreation The Department of Health Services should develop legislation establishing standards for fresh water bathing, including artificial and natural lakes, streams, rivers, and quarries. Coordination of private and public pool maintenance should be carried out to assure vector control objectives are achieved. The Department should promulgate new regulations for public swimming pools.

Solid Waste Management ■ Local public health agencies should actively participate in the development, updating, implementation, and enforcement of county or regional solid waste management plans. Local and regional plans should exceed minimum State standards when necessary and compelled by local circumstances. Health protection should be an integral part of all plans. The California Integrated Waste Management Board should work closely with local health jurisdictions. CCLHO strongly supports recycling as an alternative to landfill expansion.

Vector Control ■ Vector control efforts at the local level should be organized to minimize duplication. Vector control staffing and resources at the State level should be sufficient to provide consultative support to local agencies as well as to support or carry out other activities, such as surveillance of West Nile Virus, plague, Lyme disease, Hantavirus, sentinel flocks, and other vector problems that are either not readily or appropriately carried out at the local level.

■ There should be capacity to provide vector control activities in rural and urban areas for which coverage does not now exist. There must be authority to identify and mitigate hazards in swimming pools, standing water, and trapped water on private land where mosquito breeding is promoted.

■ For West Nile Virus infection and other mosquito borne illnesses, it is essential that continued monitoring of disease vectors (mosquito pools) be coordinated with data from sentinel chicken

flocks, wild birds, and sentinel cases among horses and other susceptible species so that human cases can be predicted, and the medical community and the public can be kept informed.

**Water
Supply**

- State, Federal, and local funds should be made available to assist small water systems in meeting State and Federal drinking water standards. Highest priority should be assigned to correction of public health hazards and construction should be coordinated with local health departments.
- There is need for adequate regulation of bottled water and water vending machines for public health and safety.
- Recycled or graywater should only be used if safety and public health can be assured.

**HEALTH
EDUCATION
AND HEALTH
PROMOTION**

Health education is the planned process through which individuals, groups, organizations and communities acquire the information and skills to prevent disease and protect and improve health. Health promotion is the use of health education, and other interventions at individual, family, institutional, community, and environmental levels. Work at these levels includes education and promotion of policy and environmental improvements conducive to improved health. Reducing the costs of medical care is another potential benefit of effective health education and promotion efforts.

Promotion of healthful behavior is an essential public health service. Each local health department should have the resources, program capacity, and funding available to:

- Plan, develop, implement, and evaluate health education and promotional programs and services based on needs identified by community groups, epidemiologic data, and local public health providers.

***Promotion of
healthful
behavior is an
essential public
health service.***

- Target efforts toward high-risk groups and special populations within communities. These groups may include low-income residents, people of color, the elderly, young people, and people with special needs.
- Establish positive relationships with local and regional media as an effective medium for conveying health education and health promotion campaigns to the general public.
- Provide culturally and literacy appropriate health promotion services.
- Prepare appropriate health education messages to limit the impact and improve the recognition, evaluation, and response to bioterrorism events and other public health emergencies. Such preparation, to the extent possible, should be initiated in advance of the specific needs of an emergency or disaster response and should recognize the importance of coordinated messages within and between organizations at the local, state, and national levels.

INJURY CONTROL AND VIOLENCE PREVENTION

The CCLHO finds the Strategic Plan for Injury Prevention and Control in California, 1993-97, prepared by the State Injury Control Advisory Task Force, still relevant to injury control and violence prevention today. The goals of this plan are to:

- Compile injury data useful for state and local programs.
- Create a permanent infrastructure for injury prevention and control.
- Create awareness of injury as a public health problem, focusing on prevention.

- Ensure that injury prevention and control activities are responsive to California's diverse population, especially high-risk groups based on age, gender, disability, ethnicity, and socio economic status.
- CCLHO supports the development of comprehensive community plans to address interpersonal and community violence.

**LOCAL
DETENTION
HEALTH
SERVICES**

Local Health Officers share responsibility for communicable disease control in local detention systems with jail administrators. CCLHO recommends that the jail's responsible physician, in conjunction with the facility administrator and the local Health Officer, develop a written plan to address the identification, treatment, control, and follow up of communicable diseases. The plan should reflect the current local incidence of communicable diseases that potentially threaten the health of inmates and staff. Local Health Officers are concerned with reporting and notification of release or transfer of persons with active tuberculosis. They are also responsible for annually inspecting the detention facilities for health and sanitary conditions. CCLHO is committed to working with sheriffs, chiefs of police, jail medical administrators, and the Board of Corrections to accomplish these tasks and to increase cooperation and collaboration.

CCLHO supports establishment of a central point of contact for state prison issues affecting public health and for juvenile detention populations. The Department of Corrections and the California Youth Authority must assign coordinating responsibility for internal public health issues and public health interface issues at the state and local levels to a specific entity within their organization.

In addition to TB, persons in detention facilities, including juvenile detention, are at increased risk of having infectious diseases that are of major public health concern such as chlamydia, hepatitis B and C, and HIV. CCLHO supports efforts of local jurisdictions to initiate

chlamydia screening (especially in juvenile detention), hepatitis B vaccination, identification and management of individuals with Hepatitis C, and HIV screening and to develop discharge/transfer/release procedure plans with public health concerns in mind. Local Health Officers should work with appropriate authorities to increase inmate and parolee access to health education and counseling on healthful personal behavior in the areas of sexual behavior, interpersonal violence, substance abuse, nutrition, and exercise.

MATERNAL, CHILD AND ADOLESCENT HEALTH (MCAH)

MCAH public health programs focus on the spectrum of prevention at an individual/family level, a community social/environmental level, and in advocating for programs and policies that address the underlying determinants of health. The goal of MCAH is to improve the health of mothers, children, and young adults. Issues such as homelessness, substance abuse, family violence, foster care, lack of quality educational opportunities, and decreasing access to care, particularly for undocumented women, children and families increasingly complicate the lives of women and children and lead to the following policy recommendations:

Women's and Adolescents' Health, including Maternal and Perinatal Health

- Family planning services must be available in accessible and acceptable settings and should encompass sexually transmitted diseases (STDs) and their complications, HIV/AIDS screening and education, pregnancy testing, and all forms of temporary and permanent methods of birth control. These services should be performed with strict confidentiality and be available for males as well as females.
- Timely and appropriate perinatal services should be available to all pregnant women in California, including the undocumented. Special efforts should be made to identify high-risk individuals and assure appropriate care.

Prevention of adolescent pregnancy should be a focus for public health programs and its effectiveness must be based on science.

- Comprehensive and sound medical practice in counseling pregnant women must include presentation of all options including pregnancy termination. Any legislation or regulatory changes restricting a woman's free choice concerning pregnancy should be vigorously opposed.
- Prevention of adolescent pregnancy should be a focus for public health programs and its effectiveness must be based on science. The focus of teen pregnancy prevention needs to be expanded to address the role of the father, especially when there is an age differential. To reduce adolescent births and STDs, in-depth, comprehensive, age-appropriate education on sexuality should be provided in every school beginning in 4th grade or earlier. Local health departments should be available to encourage and facilitate this and provide local data and resources. Reliance on abstinence only sexuality education approaches is harmful, ineffective, and a misappropriation of scarce resources. Abstinence only curricula should not be supported in this State.
- Emergency contraception should be available to all women whose primary birth control method fails or who have unanticipated intercourse. Educational efforts must be undertaken to make all women of childbearing age aware of the availability of emergency contraception and the need to access it within 48-72 hours to avoid unwanted pregnancy.
- The Conference recognizes the potential value of epidemiologic studies of MCAH issues at the local and state levels and encourages state and local jurisdictions to enhance their capacities to conduct epidemiologic studies of birth outcomes, and diseases and conditions affecting mothers, babies and adolescents, including determinants of effective immunization strategies.

***Emergency
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Infant and Child Health Services

The focus must be on prevention for infant and children's services, rather than on more costly curative services. Examples include periodic screening linked to appropriate diagnostic and treatment resources, parent education on growth and development, specific broad-based community education on the importance of early brain development, immunization, dental health, and child abuse and neglect prevention programs.

- Comprehensive school-linked public health services can improve academic success by decreasing absenteeism, treating conditions and or diseases that interfere with learning, and increasing knowledge and demonstration of healthy behaviors. These services include mental health and health care services as well as health promotion programs that utilize peer health education as a primary modality and involve the entire school community of students, families, staff, parents, and teachers.
- In view of the expansion of day care facilities, measures that safeguard the health and welfare of infants and young children in day care should be promoted. Health education and health promotion programs should be mandatory for day care operators and their employees directed towards the control of communicable disease, the prevention of injuries, and early identification of physical and/or sexual abuse of children.

Birth Defects

The Conference supports the continued operation of the Birth Defects Registry. Local health departments should be involved in the prevention of birth defects through such programs as nutritional evaluation and support (especially folate), aggressive management of pregnant diabetics, and avoidance of alcohol and teratogenic drugs and medication by pregnant women. Suspected clusters of birth defects and environmental concerns should be investigated by the California Department of Health Services, in collaboration with local health departments.

**OCCUPA-
TIONAL
HEALTH**

The number of hours spent working is increasing for most Americans, extending beyond the 40-hour work week. The work environment is an important place to focus public health efforts to prevent occupational disease and injury.

- Public occupational health programs should receive the funding, training, and technologic and laboratory support needed to assure that California's workers have healthy and safe working conditions.
- The Statewide occupational health surveillance system should be maintained and strengthened. This reporting system should include the current International Classification of Disease (ICD) coding and should be used to provide analysis of occupational-associated morbidity and mortality. In addition to protecting workers, occupational disease surveillance can serve as an early warning system for potential environmental illness that may affect a wider community.
- Local Health Officers and the State Occupational Health Branch should work collaboratively to ensure that occupational health and safety activities, including training, investigation and research, are conducted in their jurisdictions. These efforts are needed to ensure the safe working conditions of local health department workers as well as those working in private firms.
- Certain workers are more likely to experience illness and injury in the workplace due to biologic, social, and/or economic characteristics, including older workers (aged 65 years and older), young workers (aged 16-19), immigrants, and people of color. Addressing the workplace health and safety of these workers will require alternative approaches and additional resources that are linguistically and culturally appropriate.

PUBLIC HEALTH NURSING SERVICES

Public health nursing is population-focused, community-oriented nursing practice and is an essential component of the public health infrastructure. Public Health Nurses go into the community to work with families, agencies, and schools, in order to assess and best coordinate services to address identified needs. Public Health Nurses are vital links between the local health department and the community. They accomplish this linkage by the following:

- Assessing the ecology of individual's and family's living environments to identify health risks, recommend programs/interventions, and advocate for the needs of specific individuals and families, as well as the community as a whole.
- Participating in communicable disease surveillance and outbreak control activities, risk communication, and public education.
- Facilitating networking of individuals/families and communities, supporting efforts in effective policy development, and linking with other service organizations to promote the availability of quality health services.
- The current public health nursing infrastructure must be strengthened in order to increase the capacity to do preventive community public health as well as address current and emerging public health threats.
- All local health jurisdictions must have available the services of a staff of public health nurses under the supervision of a qualified director of public health nursing who assures that training opportunities are available to increase the knowledge and skills of public health nursing staff.

Public Health Nurses are vital links between the local health department and the community.

**PUBLIC
HEALTH
NUTRITION
PROGRAMS**

The epidemic of obesity threatens the basic health status of the United States and, if not halted, will overwhelm the capacity of the health care system to treat the resultant disease states and conditions in the future. CCLHO recognizes that good nutrition is fundamental to the attainment of optimal health. Strategies to create access to and the desire for healthful foods work at multiple levels from individual, family, and community to addressing the built environment and schools. Corporate marketing practices and the role of television, the Internet, and video games must be analyzed and addressed. CCLHO supports the following:

- Legislation and advocacy to eliminate “junk foods” including sodas and sweetened beverages from preschools, daycares, and school campuses as well as mandating adherence to scientifically-based nutritional standards and the provision of healthy fruits, vegetables, and the promotion of whole grains served and sold in our schools.
- Outreach to disadvantaged populations with information on and access to appropriate, established food assistance programs such as the Women, Infants and Children’s special supplemental food program (WIC) and nutrition services provided through Title III of the Older Americans Act.
- Cooperation with food growers and manufacturers to provide the public with health promoting food choices that include foods high in fiber, low in fat, and without added sugar or salt and to demonstrate awareness of the food choices of diverse ethnic and cultural groups.
- Advocacy for availability and access to full-service food stores for all communities.
- Promotion of measures that encourage and support women who breast-feed.

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SENIOR HEALTH AND WELLNESS

For seniors, the focus of public health prevention programs is to support independence and quality of life throughout the lifespan. Achieving these goals requires 1) promotion of healthful behaviors and environments starting well in advance of achieving senior status (primary prevention), 2) early identification of treatable illness and disability (secondary prevention) and 3) rehabilitation and the achievement of the highest level of function possible for those suffering from illness and disability transitioning, when appropriate, to humane and science-based end-of-life care (tertiary prevention). The primary goal to ensure the health and wellness of seniors is to prevent or delay onset of chronic illness that leads to disability. Comprehensive care must be provided at the local, state, and national levels through a coordinated long term care system.

- The goal of preventive health care for older adults should be maintenance of independent functioning and maximal quality of life. Emphasis should move toward a comprehensive functional assessment rather than on disease specific assessment. Examples include:

- ◆ Traditional prevention such as immunization against influenza and pneumonia, and behavior modification, including dietary intervention, to prevent heart disease, hypertension, stroke, cancer, and intentional and unintentional injuries.
- ◆ Case finding and referral for specific functional defects such as vision and hearing defects, poor dentition, depression, dementia, alcoholism, and sleep disorders.
- ◆ Early identification and prevention of iatrogenic problems such as polypharmacy, nosocomial infections, and disability from premature or inappropriate nursing home placement and hospitalization.

For seniors, the focus of public health prevention programs is to support independence and quality of life throughout the lifespan.

- ◆ CCLHO supports active involvement of seniors in decision making, such as the advanced directives, related to their own care.
- ◆ Linkages between public and private service providers serving older adults are necessary as are community-based programs.
- ◆ Linkage between public health departments and managed care organizations serving seniors should encourage provision of preventive services for seniors and data collection of health and functional status information that all public/private health organizations can use to plan future service needs.
- ◆ The role of case management in long term care services is crucial for collecting health and functional status data, as well as monitoring the special health needs of seniors and their care givers.

SPECIAL INITIATIVES IN PUBLIC HEALTH

BINATIONAL PUBLIC HEALTH

There is a clear need to recognize the value of binational health coordination dealing with national, state, and local health issues involving officials in Mexico and some Central American countries from which large numbers of immigrants to the US emigrate. Enhanced border health projects that assure and improve the health of immigrants should be supported. Coordination with the Department of Health Services' Office of Binational Border Health should be maintained.

DISPARITIES IN HEALTH STATUS

Growing inequities in health status between different racial and ethnic populations is increasingly influenced by California's ethnic diversity. Recognition that the root causes of these health inequities stem from large societal inequities such as unequal access to jobs, education, housing, and health care forms the basis of the multicultural interests of the Conference.

- Local health jurisdictions should identify and measure the inequities in health status among their diverse populations and disseminate this information.
- Collaboration between state and local public health, community-based organizations, health professional groups, and the affected communities should be mobilized to develop the will and the means to eliminate health disparities.
- Coordination with the Department of Health Services' Office of Multicultural Health should be maintained to advance cross-cultural communication, training, innovative programs addressing all cultural groups in all DHS programs, and assurance of the improved health of multicultural populations. Cultural competency standards should apply to all state and local programs, contracts, all Medi-Cal managed care programs, and all state programs operated in local health jurisdictions.
- The public health workforce must be culturally competent and sensitive to the cultures and languages of the service population.

Local health jurisdictions should identify and measure the inequities in health status.

- CCLHO encourages development of policies and legislation to assess and reduce health disparities of all cultural and underserved groups.

**COLLABORATION
BETWEEN
PUBLIC
HEALTH
AND THE
PRACTICE
OF
MEDICINE**

The Conference should develop strong collaborative relationships at the state level, with the California Medical Association and locally, with local medical societies. Health Officers, through their involvement with their local medical associations, can continue the development of the “intersects” between medicine and public health. There is an increasing need to work on issues of mutual concern such as antibiotic resistance, obesity, asthma, language access, and the physical environment in which people live. Both public health and medicine can benefit from working collaboratively on these issues that can be addressed with an ecological perspective recognizing the importance of healthy communities. The need to recognize and respond to acts of bioterrorism and other public health emergencies cannot be addressed optimally without increased communication and cooperation between public health and medical care professionals before, during, and after the recognition and response to such events. Specifically, the Conference supports the development of enhanced communications methods for use in early warning, evaluation, and response to bioterrorism and other public health emergencies.

**COMPRE-
HENSIVE
SCHOOL
SERVICES**

Educational attainment is the single most important resiliency factor in ensuring health, both of individuals and populations. Being healthy is critical for academic success. Bringing public health prevention programs into schools is the most efficient and effective way to improve the health of children.

Approximately 40% of children in public schools are physically unfit and one in four is overweight, both serious predictors of suffering lifetime chronic diseases such as hypertension, diabetes, and heart disease.

Special Initiatives in Public Health

The Conference supports comprehensive school health programs which include the following:

- A safe and healthy school environment.
- Family and community involvement.
- Health education curriculum that enables students to maintain and improve their health, prevent disease, and reduce risk behaviors now and in the future.
- Health services, preferably on-site or easily accessible, that screen, identify, treat or refer, and prevent health problems.
- Nutrition services (nutritious, affordable, and appealing meals and snacks for all children provided in an environment that promotes healthy eating behaviors).
- Physical education (planned, regular instruction that develops basic physical activity and athletic skills, and promotes lifelong physical fitness).
- Health promotion for staff (assessment, education, and fitness activities for staff who serve as role models for students).

***The
Conference
supports
comprehensive
school health
programs.***

Collaboration between the Department of Health Services and the Department of Education as well as between local health departments and county and local school districts is endorsed and encouraged.

PERSONAL HEALTH SERVICES

Personal Health Services are those health care services provided to individuals.

MEDI-CAL/ HEALTHY FAMILIES PROGRAMS

Medi-Cal and Healthy Families programs are the mainstay of providing health access to children and families at or near the poverty level. It is a crucial entitlement and should be strengthened and expanded. Barriers to eligibility should be eliminated. Adequate reimbursement to providers should be assured in order to maintain Medi-Cal provider participation in all areas of the State.

CHILDREN AND FAMILIES FIRST INITIATIVE (PROPOSITION 10) PROGRAMS

Proposition 10 affords the opportunity to improve the health and well-being of children from birth to age five. The Conference supports the use of these funds for programs and activities that are evidence-based and demonstrate the improvement of the health status and well being of children and their readiness to learn. Public health programs such as WIC, CHDP, Injury Prevention and Control, and Public Health Nurse home visitation for newborns fulfill these evidence-based requirements as do educational programs such as universal pre-school. These programs must be carefully monitored and evaluated to ascertain the achievement of these outcomes. There is adequate data to support the value of family focused intervention efforts to improve and enrich the environment in which children are raised. Such interventions are often best delivered by home visiting and by emphasizing the ongoing role of parents in multi-need families, rather than concentrating exclusively on programs and interventions which address the immediate benefit of the child.

CALIFORNIA CHILDRENS SERVICES

The California Children Services (CCS) Program provides care and case management for high-risk children with specified severe and/or chronic medical conditions each year. The degree of high quality, specialized treatment is critical to the care of these children, therefore, the program should be maintained independent of managed care or strictly monitored as a part of managed care.

PRIMARY CARE Local public health departments should support the development of systems to meet the basic health care needs of the population, including private plans, managed care, and public services that should be coordinated in these systems. Primary care systems should have the full complement of clinical preventive services offered including dental, vision, and hearing services and should be linguistically and culturally accessible. Public health must continue to advocate for universal health insurance coverage for all.

GLOBAL ISSUES

CCLHO recognizes that public health in California does not exist in a vacuum and is increasingly affected by international and global issues. The negotiation of international trade agreements has significant implications for health care and public health. CCLHO strongly advocates that international trade agreements recognize that medical care and public health concerns take priority over commercial interests. Trade negotiations must be conducted in a transparent manner with full attention to medical and health concerns and with full participation by the public health community. CCLHO believes that any provision that could negatively affect health or health care, safe and sufficient water, and/or other vital human services should be excluded from these agreements past and future.

CCLHO strongly advocates that international trade agreements recognize that medical care and public health concerns take priority over commercial interests.

CCLHO is seriously concerned about humanity's effect on the planet including non-sustainable energy policies, environmental degradation, and global climate change. These have far reaching consequences to our communities' health and, indeed, to the fate of this planet. CCLHO believes that Health Officers must demonstrate leadership in working with public and private partners and the community to address these serious threats to the public's health. We will partner with organizations and groups to make sure local public health is heard in these matters.

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